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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 25 0 25 I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PYT TO COUNTY MARYLAND CITY III outside corporate limits, write RURAL LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) TOWN Chestertown Adult Fif OR TOWN Chestertown HOSPITAL OR STREET (If rural give location) INSTITUTION OR **ADDRESS** OT STREET ADDRESS Water St. Water St. (First) 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Archbell Mary DEATHOCT. 23. (Type or Print) 6. COLOR OR |7. SINGLE, MARRIED 8. DATE OF BIRTH: 9. AGE last blithday IF UNDER I YEAR WIDOWED, DIVORCED Months! Daya Hours | (Specify) Widow 90 Jan. OA USUAL OCCUPATION (Give kind of work done during most of working life. 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT 108. KIND OF BUSINESS OR INDUSTRY: COUNTRY? even if retireds: Housewife Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME: Stephen Chester Roberts Annie Harding 17. INFORMANT & ADDRESS: IS. WAS DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO. Water St. (Yes, no, or unk.) HIf Yes, give war or dates Wm. S. Collins Chestertown, Md. of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Heart failure days IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (8) Senility (B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

(C) TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

21a. ACCIDENT WAS UNDERLYING | 21a. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?

(County) (State)

YES [

DATE SIGNED

20. AUTOPSY:

NOX

21E INJURY OCCURRED 21F. HDW DID INJURY OCCUR? Not while

. 1955, and that death occurred at 3: A.M. from the causes and on the date stated above.

While OF INJURY at work at work 22. I hereby certify that I attended the deceased from 1-15 , 19 50 to 10-23 , 1955, that I last saw the deceased

M. D. Chestertown, Md. NAME OF CEMETERY OR CREMATORY 23. BURIAL. DATE THEREOF REMOVAL (SPECIFY) Chester Cemetery

LOCATION ((it), town, or county)

Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR'S

alive on 10-22

SIGNATURE

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21p. TIME (Month) (Day) (Year) (Hour)

arnes, J. Willis Wells - Chestertown, Md.

24. FUNERAL DIRECTOR

A COMMUNICATION OF THE PROPERTY OF THE STATE OF THE STATE

BUREAU V. S.

- GET 68 100

OR A150T

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# VS. A15—10-53

M	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMOI	RE,	18	0983
	9829	CEF	RTIFICATE	OF	DEATH	Reg.	Dist.	No. 20

>	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:				
and legibly	COUNTY KENT MARYLAND	STATE Md. COUNTY Key	2 1				
9	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	d give nearest town)				
70	OF OR and give nearest town) (in this place)	OR	AM				
an	3/ TOWN CHESTERTUWN. 40 yrs.	TOWN CHESTERTOWN	31				
	HOSPITAL OR	STREET (If rural give location)	1				
clearly	STREET ADDRESS Keni & Queen Annes.	ADDRESS 120 CANNON	ST.				
le							
-			ay) (Year)				
death	DECEASED: FANNIE KENNARD BE	NJAMIN DEATH: OCT S	1955				
de	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER I YE	CAR IF UNDER 24 HRS.				
Jo	RACE: WIDOWED, DIVORCED,		ys Hours   Min.				
	(Specify): MARRICO OCT	6, 1880 / L yrs.					
93	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT				
causes	work done during most of working life. OR INDUSTRY:	KENT, Md.	USIA.				
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	031.				
the		A					
9	ALONZO KENNHED.	CATHERINE BOONE					
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:					
(D)	(Yes, no, or unk.) (If Yes, give war or dates of service)	John E. Ponjamin,	They ten town !				
please	18. MEDICAL GERTIFICAT		Md				
e	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH				
ET.	IMAY		OHDER AND DEATH				
0.0	IMMEDIATE CAUSE (A) Metarta	tic laver nous of	6				
5	IMMÉDIATE CAUSE (A) 1000		a cress				
Physicians	ANTECEDENT CAUSE (8)						
D2	DISEASES OR CONDITIONS, IF ANY. (B)						
Ę.	STATING UNDERLYING CAUSE LAST. DUE TO						
	(c) Prima	( Care, nome of Breat	1				
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Care, abun, of preap	Y .				
43	TO THE DEATH BUT NOT RELATED TO THE		/				
O	DISEASE OR CONDITION CAUSING DEATH.						
u	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	<b>V</b>	20. AUTOPSYT				
-175	19 2 V CC   Not 44 Co.		YES NO NO				
>		home of Liver					
65	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?						
especially	(IF EITHER, NOTIFY MEDICAL EXAMINER)	INSORT GOODKI					
Sp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
	OF INJURY While Not while						
60	M.   at work   at work						
0	22. I hereby certify that I attended the deceased from 9.4.23	, 1901, to 10 7, 1951, that I last	saw the deceased				
age		53					
	alive on	ADDRESS DAT	tated above. E SIGNED				
9	SIGNATURE UST	ADDRESS	1. 0				
correct	Colle / Lenf nº M	.D. CITESTEPTOWN Md.	10.7.15				
00	AMERICAN CONTRACTOR CO	ERY OR CREMATORY LOCATION (City, town, or	county) (State)				
	Burial Pecify   IO/II/55   Chester Ce	metery Chestertown, M	d.				
		24. FUNERAL DIRECTOR	ADDRESS				
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE						
	Oct. 10-1955 Claras, Garnes.	J. Willis Wells - Chester	DOWII, MG				

MECEDAED

BUREAU V. E.

ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF	DEATH		*	A	2. USUAL RI	ESIDENCE	(HOME) OF D	ECEASE	D	
COUNTY	Kent		MARYL			MD.	COUNTY	Ke		
OR and give	ide corporeta limits, wr re naarast town) Galena	rite RURAL	LENGTH O		TOWN	Galer	imits, write RURAL e	end give na	erest town)	)
HOSPITAL OR INSTITUTION CO	OR SS				STREET ADDRESS		(If rural gi	ve location)		
3. NAME OF DECEASED (Type or Print)			(Middle)		(Last)		4. DATE (Mo		(Dey)	(Yes
S. SEX	6. COLOR OR	7. SINGLE, N	AADRIED	Campb	E I I	19.	AGE lest birthdey	OCT 2	30	IF UNDER
	RACE	WIDOWED	D. DIVORCED.					Months	Deys	Hours
Male Male	White PATION (Giva kind of	f work 10h	Married . KIND OF BUSINES	S Des	16.1883	ta or foreign o	71 yrs.	1.1	2. CITIZEN	OF WH
done during m	nost of working life, e	ven if	OR INDUSTRY				,		COUN	TRY?
13. FATHER'S NAM		tired	Own far	°ID	1 14, MOTHER'S	MAIDEN: NIAM	E		USA	
to: Obtitue o title	·-				THE MONIER D	totherman 148-res				
Ami	ore Camp	bell			Mar	v Ire	land			
	D EVER IN U. S. ARA		16. SOCIAL SEC	CURITY NO.		ANT & ADDR				
(Yes, no, or unk.)	(If Yes, give wer or e	dates of servica)								
			213 05		Elgi	e Clam	phell G	alens	a Md	
						C				
T DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DE	ATH	DICAL CER	TIFICATION	/		the transmission of the latest th	INTE	EVAL BETY
I DISEASES OR C	ONDITIONS DIRECTLY	LEADING TO DE	ATH		TIFICATION	10 10			ONS	ET AND D
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CERTIFICATE OF DEATH 8586

BUREAU V. S.

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A Company

7	-	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	09839
,	7. Th	9830 CERTIFICATE OF DEATH Reg. Dist	. No. 2 02
BINDING	TTH UNFADING INK, Supply eve Physicians; please write the caus	DECEASED: (Type or Print)  6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED.  MALE  WIDOWED, DIVORCED. (Specify): Married  12-4-82  10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS   11. BIRTHPLACE (State or foreign country):   12.	CAR IF UNDER 24 MRS.  HOURS Min.
MARGIN RESERVED FOR		(Yes, no, or unk.)  (If Yes, give war or dates of service)  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  STO. 5  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A) MASSIVE COVENARY OCCUSION  (B) DUE TO  (C)	INTERVAL BETWEEN ONSET AND DEATH
MA	aja	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	8 months?
	WRIT s espec	198. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION  10-13-55  LNtestina 06 Struction  21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (Countributing Cause of Death OF INJURY street, office bldg., etc. INJURY OCCUR?	20. AUTOPSY? YES NO Z
•		OF INJURY  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW, DID INJURY OCCUR?  While Not while at work at work	292 mar (ad 1425) 1 1
S. A15 — 10 - 53	PLEASE TYPE OR correct age i	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  M. D. Clastortown, Md. 10  M. D. Clastortown, Md. 10  Name of Cemetery or Crematory Location (City, town, or Durcal Registrar's SIGNATURE 24. FUNERAL DIRECTOR	stated above. re signed - 3 / - 55
>		11511-1955 Clara & Barnes & Barlon Bers Centeron	il ma.

OBCEIVED

BUREAU V. S.

9837

INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# CERTIFICATE OF DEATH

09840

Diet No 223

" FEACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DE	EASED
county Kent	MARYLAND	STATE Marvla	and county	Kent
CITY (If outside corporete limits, write RURAL OR and give genest town)	LENGTH OF STAY	CITY (If outside corp	orate limits, write RURAL and	
OR and give nearest town) X TOWN Rock Hall	(in this place)	OR TOWN D.	inan Mark D	I- W-13
HOSPITAL OR		STREET	inev Neck-R	THE PERSON NAMED IN COLUMN TWO
INSTITUTION OR REST ADDRESS REST ADDRESS		ADDRESS	ha saidi Bisa	/
Con Call				
DECEASED	viddle)	(Lost)	4. DATE (Month	(Dey) (Year)
(Type or Print) Maurice P. Ld	wards		DEATH OC	t. 37/55 195
S. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO		OF BIRTH	_	IF UNDER 1 YEAR IF UNDER 24 HRS.
M W NSpecifyhied		h 3,1905	70 yrs.	Months Days Hours Min.
10s, USUAL OCCUPATION (Give kind of work   10b. KIND	OF BUSINESS	11. BIRTHPLACE (State or fore		1 12. CITIZEN OF WHAT
retired)	NDUSTRY			COUNTRY?
inspector (retired) Tidews	ter Fisher	1 14. MOTHER'S MAIDEN		1 U.S.A.
James Ldwards				
	SOCIAL SECURITY NO.	Sarah Cha		
(Yes, no, or unk.) (If Yes, give war or detes of service)	SOCIAL SECURITY 140.			
no	5-20-0139	I'rs Maur	ca I. Law	rds-Rock Ha
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	10. MEDICAL CE	RTIFICATION	.7	INTERVAL BETWEEN
	SA DU INC	8 50 11	Vicin	ONSE! AND DEATH
420, / IMMEDIATE CAUSE (A)	wroner	Men	The said	
ANTECEDENT CAUSE(S) DUE TO	who Jan	Willi (Viz	Hon	Un turne
DISEASES OR CONDITIONS, IF ANY, (8) GIVING RISE TO THE ABOVE CAUSE TRAINING UNINESPIPIING CAUSE DUE TO	The state of the s	The same of	arc)	Trustern
STATING UNDERLYING CAUSE LAST. DUE TO	10		Marau D.	1
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			-UUNCH YIS	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
196. DATE OF OPERATION   196. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, off	form, fectory, ice bldg., etc.)	21c. WHERE DID INJURY OCCU	IR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. I While	NJURY OCCURRED	21f. HOW DID INJURY OCCU	JR?	
M. et war	k Not while		P	
22. I hereby certify that I attended the deceas	ed from CAT 2/	7 1957 1000	¥-51 10 CE	that I last saw the deserred
alive on 00 25 , 19.5 , and I	hat doub occurred	1/3%	severe and as the de-	, mai i issi saw me deceased
SIGNATURE,	ildi ocalii occuired a	ADD	RESS (Street, city, town,	state) { DATE SIGNED
Marker X Po Willand	M.D.	R	· KHOOD	nevert is di
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, town,	or county) (State)
REMOVAL (SPECIFY)				
Burial [!ov.2,1955]  24. REC'D BY REGISTRAR   REGISTRAR'S SIGNATURE	wesley on	anel Janet	T LOCK Hal	
De LOCAL AV	2	35: FUNERAL DIRECTOR'S	I'M A	ADDRESS T
DATE FION / DELINTOUT.	) Mry 2010	Whann	V. Milkling	4 - Mederton M

DESTRICATE OF DEATH Lawrey Lot S 'A DYEAD

REGISTRAR

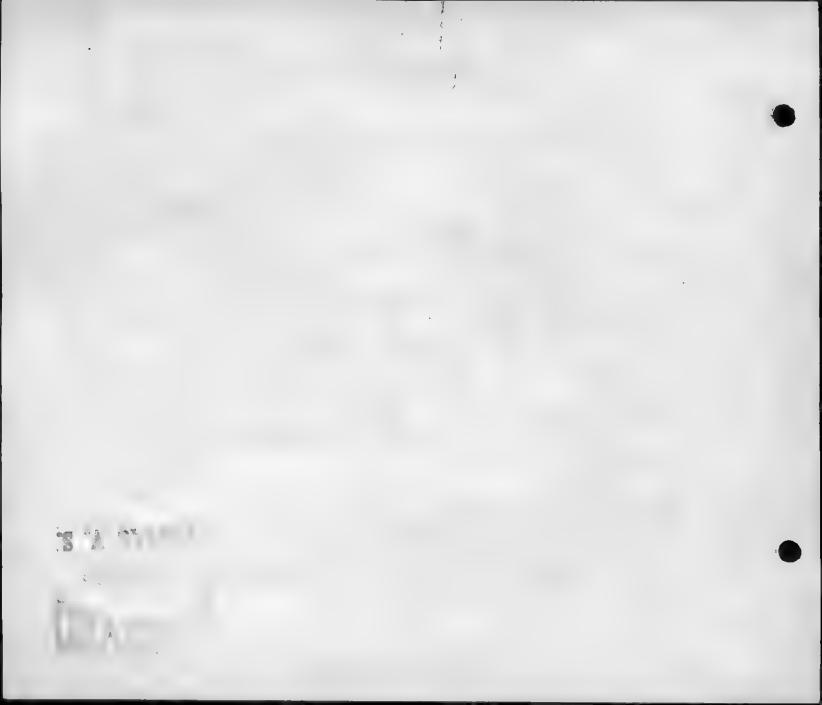
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# CERTIFICATE OF DEATH Reg. Dist. No. 202

1. PLACE OF DEATH Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY &	wit
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (In this place) TOWN (In this place)	OR TOWN Chy furtour (RURAL and give new TOWN)	treat town)
72 INSTITUTION OR Kent out Twen Church	STREET (If rural, give location)	1
DECEASED Albert Earle NL	cho) SON DEATH OCYOBER 1	8 1917
6. SEX White te Transfer, MARRIED, WIDOWED, DIVORCED, (Specify) MAY FLE T	July 18, 1881 14 yrs.	Hours   Min.
done during most of working life, even if retired   INDUSTRY   OWNER	Chaptentown Waryland Cour	TIZEN OF WHAT
1) Cliam T. Nicholson	Sara Lusby	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		TERVAL BETWEEN
41 mmediate cause (a). Myorardial facture	a probably gold rhumaki personigen 5	T. Joseph
Antecedent cause(s)		my years
stating the underlying cause last (c) (1) farmonterwing or	mult upeated ceretral thromboses 1	(can
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not tracture right for related to the disease or condition causing death.	mun 19	days
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE - INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY — m. Work — At work —	HOW DID INJURY OCCUR!	
22. I hereby certify that I attended the deceased from 9-3.	A 20 / .	
alive on 10 1 5 , and that death occurred at SIGNATURE (Degree or title)	ADDRESS  Chester town, Md.	above.
23. BURIAL, CREMATION DATE 10/20/55 NAME OF CEMETE St. Paul	RY OR CREMATORY LOCATION (City, topp, or county,	(State)
DATE, REC'D BY LOCAL REGISTRAR'S SIGNATURE	J. Willis Wells - Chesterto	wn, Md.





#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

# 9838 CERTIFICATE OF DEATH

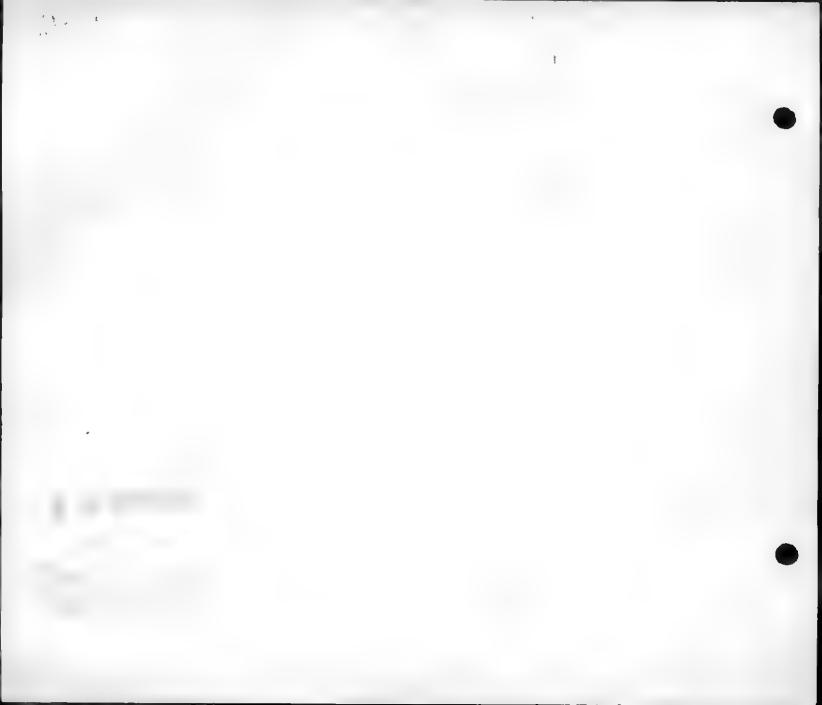
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Reg. Dist. No. 20/

S. PLACE OF BEATR	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY KENT MARYLAND	STATE MARYLANDCOUNTY KENT
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR end give nairest town)  X TOWN RURAL WORTON LIFE	TOWN RUPAL WORTON
HOSPITAL OR	STREET (I) rural give (ocellon)
INSTITUTION OR  ATA STREET ADDRESS	ADDRESS
00	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Dey) (Year)
(Type or Print) JOHN FLETCHER	OAKLEY DEATH OCT. 28 1955.
	E OF BIRTH 9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.
MALE C (Specify) MAPRIED JAI	V. 1 1889 & Wrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KND OF BUSINESS	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
dona during most of working life, even If OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	MARYLAND U.S.A.
	14. MOTHER'S MADEN NAME
LEWIS OAKLEY	ANNA BECKER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or deles of servica)	GERTRUDE OAKLEY WORTON MD
	ERTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
331X IMMEDIATE CAUSE (A) CERCULAL Key	nothings Lakeny
ANTECEDENT CAUSE(S) DUE TO	ion Van
DISEASES OR CONDITIONS, IF ANY, (B)	ton you
GIVING RISE TO THE ABOVE CAUSE DUE TO	
(C)	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	211, HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED Whila Not while at work	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work 22. I hereby certify that I attended the deceased from Oct.	27., 19. 55., 10. 624 2 P., 19. 53., that I last saw the deceased
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work a	27 19 15, to 62.4 2.1 19
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work a	27., 19. 55., 10. 624 2 P., 19. 53., that I last saw the deceased
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work   22. I hereby certify that I attended the deceased from Oct.  alive on Oct. 25, 19, and that death occurred SIGNATURE	at. 24.327M, from the causes and on the date stated above.  ADDRESS (Street, clty, town, steta)  DATE SIGNED  Worton, 10/24/30
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work   22. I hereby certify that I attended the deceased from Oct.  alive on Oct. 25, 19, and that death occurred SIGNATURE	27 19 15, to 62.4 2.1 19
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work   22. I hereby certify that I attended the deceased from Oct.  alive on Oct. 25, 19, and that death occurred SIGNATURE	at. 24.39. M, from the causes and on the date stated above.  ADDRESS (Street, clty, town, state)  DATE SIGNED  Worton, 10/29/30
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work   22. I hereby certify that I attended the deceased from Oct.  alive on Oct. 25, 19, and that death occurred SIGNATURE  23. BUR AL, CREMATION, DATE THEREOF NAME OF CEMETERY OF THE COLUMN OCT. 31, 1955 MT. OL IVA	at 74.39, M, from the causes and on the date stated above.  ADDRESS (Street, city, town, state)  DATE BIGNED  WORTON  WORTON  MD  CEMTY  WORTON  MD
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at work   22. I hereby certify that I attended the deceased from Oct.  23. SURAL, Chamation, Date Thereof NAM OF CEMETERY OF BURNAL (EDECIM)  24. Date Thereof NAM OF CEMETERY OF BURNAL (EDECIM)	at. 24.39. M, from the causes and on the date stated above.  ADDRESS (Street, clty, town, state)  DATE SIGNED  Worton, 10/29/30

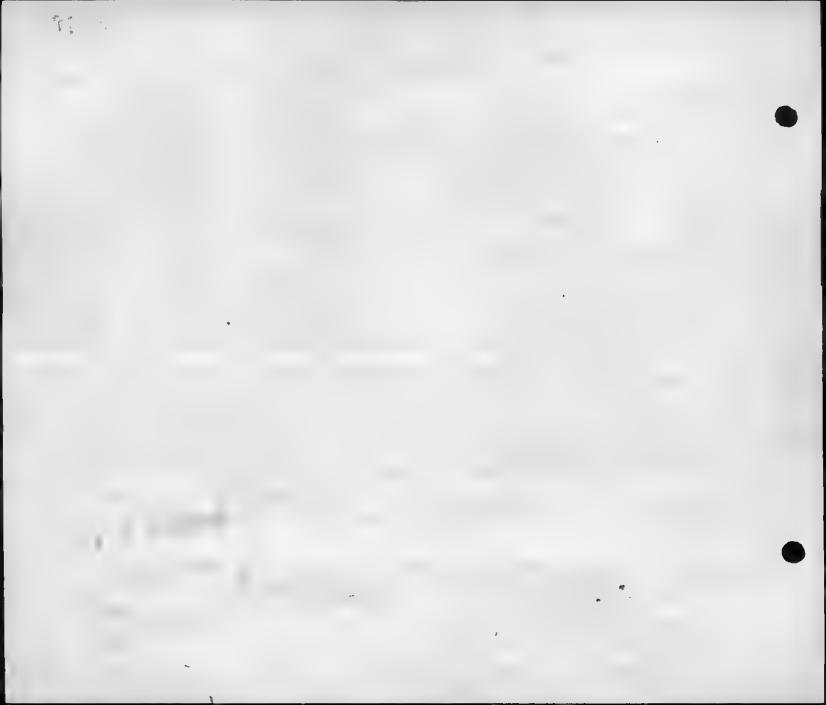
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	e	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09844	
	ılly. The	9833 CERTIFICATE OF DEATH Reg. Dist. No. 2 0	2
		With the state of	
	information carefully.	COUNTY CO	town)
-	nfo	3 NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year)	
I	th of	DECEASED: (Type or Print)  SERTHA  ROBINSON  DEATH:  T 14 195  5. SEX:  6. COLOR OR   7. SINGLE. MARRIED,   8. DATE OF BIRTH:   9. AGE last birthday   17 UNDER 1 VEAR   17 UNDER 24	5
		(Specify): March D ACL) 1900 33 yrs.	MIN.
5 N	revery	IOA USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life, even if retired): 1000 country:  WARY LIGANO  WARE L	/HAT
DI	pply the	13. FATHER'S NAME:	
BINDING			
FOR E	IK.		
		18. MEDICAL CERTIFICATION INTERVAL BET	WEEN
MARGIN RESERVED	TH UNFADING Physicians: plea	33/	<del>/</del>
CIN	WITH it. Phys		
AR	₩ nt.	IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING APT CHOLOCYSTO - DU GOENHE	
M	AINLY, Wimportant.	TO THE DEATH BUT NOT RELATED TO THE TISTUMA EXPL. GASTILOTOMY	
	7		4
	WRITE PI especially	21A. ACCIDENT WAS UNDERLYING 218 PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	<u>*</u> }
	70	or injury	
	ට <sub>ව</sub> ූ		eased
A15 — 10 - 53	LEASE TYPE correct ag	alive on /C'. It, 19, and that death occurred at / A M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  M. D. CHEST CIETOWN AND IC. 19  23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  REMOVAL (SPECIFY)  Oct. 17 1935 Mellington Cem. Millington	State)
Š.	PI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1955 Clara & Barnes, Edward Fellows. Millington,	M.



1. PLACE OF DEATH COUNTY	2. USUAL BESIDENCE (HOME) OF DECEASED. COUNTY /
MARYLAND	
OR give nearest town)  Current for Town  Church Corner of Town  Church Corner of Town  Town  Church Corner of Town  Town	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Liefertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 329 / High st.	STREET (If rural, give location) ADDRESS 329 / Light St.
NAME OF (Figst) (Middle) DECEASED  (There Print)  (Askers In Medical Section (Middle)	(Last) 4. DATH (Month) (Day) (Year) OF DEATH OCL. 2, 1915
6. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under, I year   If under 24 hrs
MIDOWED, DIVORCED (Specify) Williams	aug 16 1874 81 yrs. Months. Days Hours Min.
done during most of working life, even if retired)  10a. USUAL OCCUPATION (Give kind of work)  10b. King of Business on Industry  10c. King of Business on I	11. BYRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  (U.S.T.).
is. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
mmil spays.	
15. WAS DECEASED EVER IN U.S. ANMED FORCES?   16. SOCIAL SECURITY No. [Yes, no, or unknown) (If year, give war or dates of service)	Mr. Iring Space. Balls. 18 Ind
	(2.2)
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONBET AND DEATE
420./ Probably Corons	rv Thrombosis none
Immediate cause (a)	2 3 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3
Antecedent cause(s) Coronary insuffi	lciency aon't know
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last Coronary Arteric	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	apir a min
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗀 No 🕅
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
22. I hereby certify that I attended the deceased from 10/21	. , 1955., tol.0/21 , 1955that I last saw the deceased
alive on	Chestertown, Ms. 10/22/55
11 2 2 3 2 2 2	CRY OR CREMATORY   LOCATION (hty town, or county) (State)
23. BURIAL, CREMATION DATE REMOVAL (Specify)  Cl. 24/195- Churte	anuty Chututin ned.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTORY OF ADDRESS
OFF. 9.4 19. CH Class & Danies.	Main V. Willen. Children Had





# (3)

# 9839

### CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (		COUNTY V
CITY (If outside corporate limits, write RUR.  OR giva nearms town) Worton	MARYLAND AL and LENGTH OF STAY (in this place)	CITY (If outside corpor		L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WORTON	1	STREET ADDRESS	(If rural, give low Worton	cation)
3. NAME OF (First) DECEASED (Type or Print) W SU	(Middle) PTON TARBUTT	(Last) ON	4. DATE (Mo	onth) (Day) (Year) 6 /55 19
male color or RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SILLLE	Dec.8,1872	82 ym.	If under 1 year   ff under 24 hr. Months. Days   Hours   Min
ion. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	iob. Kind of Business on Industriculture	Quaker Neck	Kent Co. M	d. CITIZEN OF WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDE		
15. Was DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of pervice)	?   16. SOCIAL SECURITY No.	17. INFORMANT AND		at ant arm Ma
110   Bervice)	l none	Mrs. Ida C. I	orrer, one	stertown, Ma.
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATE
Antecedent cause(s)	ronary thrombo			11 hrs. 10 yrs?
Conditions contributing to the death but not related to the disease or condition causing deat				
19a. DATE OF OPERATION 19b. MAJOR E	FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT (Specify) PLA SUICIDE OF HOMICIDE INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OR	TOWN) (C	OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY O	CCURT	
22. I hereby certify that I attended the alive on 7-5- 1955., an SIGNATURE  23. BURIAL CREMATION DATE REMOVAL (Specify) Oct. 9  DATE RECO BY LOCAL   REGISTIAR'S	d that death occurred at 2 (Degree or title) M.D. C NAME OF CEMETE (55 Chester Ce)	15 p.m., from the ADDRESS hestertown, MRY OR CREMATORY	e causes and on the Maryland LOCATION (City, town Chestertown	date stated above.  DATE SIGNED 10-7-55  Grounty) (State)
Och. 9-1955 Clare	4. 13 arnes	Marvin V. Wi	lliams, Ch	estertown, Md.

RUREAU V. S.

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MARYLAND STATE DEPARTMEN'	T OF HEALTH—BALTIMORE. 189	847202
9835 CERTIFICATE		No. I 02
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
V. et a lu	When I I/ . 4	-
COUNTY COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY If outside corporate limits, write RURAL	nd give nearest town)
37 TOWN Present town (in this place)	TOWN DA CHOCTELTOWN	
HOSPITAL OR TOUR POPULAR AND TOUR STREET ADDRESS Kunta Quan Awards	STREET ADDRESS Broad Neck Box	305"
S. NAME OF DECEASED: (First) (Middle) (Middle) (Type or Print) ROLAND	Last) 4. DATE (Month) 7. (1) OF DEATH:	2 (Year) 2 19 55
S. SEX: 6. COLOR OR 7. SINGLE MARRIED 8. DATE WIDOWED, DIVORCED, (Specify): MARRIED OMA	OF BIRTH: 9, AGE last birthday Months L	PAR IF UNDER 24 HRS.
work done during most of working life. even if retired):	Phila Pa	COUNTRY?
SAMULL UMPUK	Mary SHOFT	
(Yes, no, or unk.) (If Yes, give war or dates of service)	POTA F. UNTUL	(wifa)
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
154X IMMEDIATE CAUSE (A) ROMAI	FAIlura	5 DAY
ANTECEDENT CAUSE (S)		
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(c) CA of W	thun & BlADDER INVASION & luketi	on 3455
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	(2) AUFT HYDOU PHONE PRONTE	20, AUTOPSY?
	FREETENS & BLADDON EVAUOLISEMENT	YES NO L
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., (IF EITHER. NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8/	20, 1953, to 10/2, 1955, that I last	saw the deceased
alive on 10/2 19.5 J, and that death occurred at	1/:50 PM, from the causes and on the date ADDRESS DATE  2 2 6 Washington Gue. Ches	TE SIGNED/0/2/5
	ERY OR CREMATORY   LOCATION (City, town, or	
Burial (SPECIFY) 10/5/1955 Chester Cen	metery Chestertown, M	d.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRARY - 1955 Clara X, Barres.	24. FUNERAL DIRECTOR	ADDRESS ertown, Md.

BUREAU V. S.

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DECENTED